



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 6, 2006

Donna Robinson, Administrator
Snake River Rehabilitation & Living Center
820 Sprague Avenue
Buhl, ID 83316

Provider #: 135089

Dear Ms. Robinson:

On June 22, 2006, a phone/mail follow-up was conducted with your facility to verify correction of deficiencies noted during the Recertification survey of April 20, 2006. Snake River Rehabilitation & Living Center was found to be in substantial compliance as of **May 17, 2006**.

Your copy of a Post-Certification Revisit Report, CMS Form 2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

LORETTA TODD, R.N.

Supervisor
Long Term Care

LT/dmj

Enclosures